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12/03/2003

DAVID R SALIWANCHIK**2421 N W 41ST STREET****SUITE A 1****GAINESVILLE, FL 326066669****Ph: (352) 375-8100 Fax: (352) 372-5800****Attn: Frank C. Eisenschenk, Ph.D.**

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Gwendolyn L. Daniels

(Depositor's name)

Gwendolyn L. Daniels

(Signature)

February 19, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/142,524	09/09/1998	TOSHIO SONE	SPO-103	2300

TITLE OF INVENTION: PEPTIDE-BASED IMMUNOTHERAPEUTIC AGENT FOR TREATING ALLERGIC DISEASES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DIBRINO, MARIANNE NMN	1644	424-193100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Saliwanchik, Lloyd
& Saliwanchik**

1. _____
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Meiji Milk Products Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

JapanPlease check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies **10**

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **19-0065** (enclose an extra copy of this form).

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(Authorized Signature)

Frank C. Eisenschenk

(Date)

2/19/04

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PTOL 15 (Rev 10/03) Approved for use through 04/30/2004.

OMB 0651-0033

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